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RAW PORK AS AN ALIMENT.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY I. BOWDITCH, M.D.

On the 9th of August, 1856, I started with a party of nine persons —viz., five adult men, and three boys from 14 to 16 years of age— on a voyage from the head waters towards the mouth of the Penobscot. Three of the adults were old hunters, fully acquainted with all the pleasures and penalties of a "life in the woods." We were in birch canoes, and our object was to follow the course of that beautiful river through its numberless curves and lakes, and to leave, for a time, wholly behind us all traces of civilized life and habits. With considerable labor, but great delight, we followed our plans, either floating on the stream or carrying our birches along the Indian trail on the margin of the river by day, and encamping on hemlock boughs at night. For diet, we trusted chiefly to salt pork, pilot bread, and what game and fish we could get. We soon found that our main article of food was destined to be pork, fried and raw; for although fish, at times, was plentifully procured, our guides were more inclined to use pork, because less troublesome of preparation. One sorry meal of partridges was vouchsafed to us. Of moose *tracks* we saw an abundance, but they rather sharpened than satisfied the appetite, as the makers of the tracks never blessed our eyes or came within reach of our guns. In this way we spent ten days; and on the last two or three days, we had a scanty allowance of fried fat pork—and finally, on the last day, we were all ordered on a small allowance of that and of biscuit. During this period of scarcity, I was frequently urged by the guides to eat the pork raw, on the ground that those who ate a small quantity, uncooked, would hold out in strength better than those who ate the same quantity cooked. The youths of our party indulged quite freely in this aliment, and some declared that it tasted "first rate." I must acknowledge, that to my pampered, civilized appetite, it was rather nauseous—although from a sense of duty I followed implicitly the directions of the guides, and actually, almost

cannibal-like as it seemed to me, tore the raw flesh with canines that had been wholly unused to such proceedings. It needed but little persuasion to induce me to indulge but sparingly in the diet. There was a certain degree of refinement, however, in the method pursued by the guides. The custom is to cut exquisitely thin slices, and these are either made into sandwiches between two pieces of biscuit, or are daintily pecked into minute portions and eaten with a large proportion of bread or biscuit. Generally, I should say one or two drachms of pork was all that was taken at each meal. My own complement was certainly less than a drachm. The boys, brave eaters as they were, indulged perhaps more freely.

These circumstances, viz., that we ate the raw pork; and, 2d, that we did so, because so advised by guides who gave reasons that seemed valid, but whether true or false we must hereafter try to decide—these circumstances have induced me to prepare the following very brief and imperfect paper on the subject.

The subject naturally divides itself into two main heads—as follows:

1st. Is there any evidence that raw pork sustains animal life longer than the same amount cooked?

2d. If this be true, is there any explanation to be given?

First. In regard to the first proposition, I present three statements which, taken in connection with the universal public opinion of the woodsmen, satisfy my own mind of its truth.

A. Soon after my return, I wrote to our chief guide, asking, 1st, what proportion of woodsmen and hunters believe that the eating of raw pork is particularly nutritious; 2d, what proof he had to give that such was really the fact; and, 3d, if the fact existed, I asked his explanation. Stripped of expletives, his answer is as follows.

"My opinion is that one pound of *raw* pork will go as far, and nourish as much, as one pound and a quarter of *fried*. If the —— of the pork be eaten, it takes raw pork a quarter longer to digest than the cooked; therefore (it is of) one quarter more nutritious quality in the raw than in the cooked, provided the digestive powers be healthy. I have no proof of such being the fact, but I think I should be able to produce proof to that amount. I have spoken to Masterman, Shaw, Lewis, Annance, the Indian you saw, and to my brother.* They all agree with me. Annance† thinks that a person, unaccustomed to eating raw pork, would be more likely to have an indigestion (diarrhœa), causing the pork to pass off without producing the same nourishment, as it would to those accustomed to eating it raw. I should like to know whether any of our party to Katahdin experienced any such difficulty. If not, I shall be unable to agree with Annance."

The above statements are made by a man who has proved him-

* All experienced hunters.

† This Indian was one of the most intelligent men I ever met with. He was educated at Dartmouth, but since 1813 he has followed an Indian life.

self, by his sagacity and prudence, to be a most admirable guide and excellent man. His opinions, I believe, are drawn from his own and the general experience of his compeers. I think it shows certainly this much, viz., that the preference of raw pork as an aliment is very common among woodmen near the head waters of the Penobscot.

B. Prof. Horsford, whom I subsequently consulted in reference to the explanation of this possible physiological fact, writes as follows about the fact itself. It may be premised that Prof. H. was born at the West, and near the then western frontier of our country.

"Hunters, trappers, teamsters and foot-travellers, exploring the unsettled lands of Western New York, twenty-five or thirty years ago, supplied themselves with *raw pork*, which, in slender bits, they ate from time to time with bread and salt. The pork, they said, went further *raw* than *boiled* or *fried*."

My final evidence of the value of raw meat as an article of diet are the assertions of Dr. Kane, as contained in the second volume (pp. 15, 21, 51) of his Second Grinnell Expedition. It is true that all that Dr. K. says has only an indirect bearing upon the topic chiefly treated of in this paper, viz., the relative value of raw and of cooked *pork*. He speaks of "some frozen lady fingers of raw hashed fox," as one of the essential means wherewith he and his hardy comrades were to track an icy labyrinth, under a frozen sky, and amid the darkness of an Arctic winter. But a still more conclusive statement he makes, which, although somewhat long, I cannot forbear to quote in this connection.

"I don't know," he says, "that my journal anywhere mentions our habituation to raw meats; nor does it dwell upon their strange adaptation to scorbutic disease. Our journeys have taught us the wisdom of the Esquimaux appetite, and there are few among us who do not relish a slice of raw blubber or a chunk of frozen walrus beef. The liver of a walrus (*awuktanuk*), eaten with little slices of his fat—of a verity, it is a delicious morsel. Fire would ruin the curt, pithy expression of vitality, which belongs to its uncooked juices. Charles Lamb's roast pig was nothing to awuktanuk. I wonder that raw beef is not eaten at home. Deprived of extraneous fibre, it is neither indigestible nor difficult to masticate. With acids and condiments, it makes a salad which an educated palate cannot help relishing, and as a powerful and condensed heat-making and anti-scorbutic food, it has no rival.

"I make this last broad assertion after carefully testing its truth. The natives of South Greenland prepare themselves for a long journey in the cold by a course of frozen seal. At Upernavik they do the same with the narwhal, which is thought more heat-making than the seal; while the bear, to use their own expression, is 'stronger travel than all.'

"In Smith's Sound, where the use of raw meat seems almost inevitable from the modes of living of the people, walrus holds the first rank. Certainly, this pachyderm, whose finely-condensed tis-

sue and delicately-permeating fat—oh! call it not blubber—assimilate it to the ox, is beyond all others, and is the very best fuel a man can swallow. It became *our* constant companion, whenever we could get it—and a frozen liver upon our sledge was valued far above the same weight of pemmican. Now, as I write, short of all meat, without an ounce of walrus for sick or sound, my thoughts recal the frost-tempered junk of this pachydermoid amphibion as the highest of longed-for luxuries."

In another place, speaking of the value of the walrus, he says—"The outside fat sustains your little mess fire; its frozen slices give you bread; its frozen blubber gives you butter; its scrag ends make the soup."

Surely nothing can be more full than this evidence of a man who, from personal experience and knowledge of the habits of Northern people, is as good a judge of the general question of the value of raw meat as an aliment, as can be found in this quarter of the globe. With Dr. Kane upon the general question, and Annance and Zeb Mitchell upon the particular point, I think we may rest secure in the belief that we civilized beings are going counter to some of the primitive laws of digestion. Who can say but that some of our dyspepsias would disappear, if we could be induced to go back to first principles?

Certainly, after the evidence I have given, no one can doubt that the *public opinion* of hunters, over most of the northern parts of this continent, sustains the use of raw meat in preference to cooked. It is a point worthy of remembrance, and the question asked by Dr. Kane is not unreasonable—"Why is not raw beef eaten at home?"

If there can be any inferences drawn from analogy in this matter, man surely ought to eat raw meat. Of all animated beings, he alone is a cooking animal; and yet, physiologically speaking, there is nothing in his frame making him an exception to the broad rule by which all other animals are governed.

I have consulted various authors on this diet, but I find little attention paid to this subject of cookery, much less do I find many investigations upon raw-meat-eating. Dr. Paris, in an article on Dietetics, speaks of different kinds of food and different species of cookery. It seems undoubted by this writer that every process of cookery tends to take away a portion of the *nutritive* qualities of food, although one infers that he thinks the same process, if properly performed, improves the *digestibility*. He quotes from Spallanzi and John Hunter to prove that "boiled, roasted, and even putrid meat, is easier of digestion than raw." In fact, so far as I have been able to examine the subject, most writers agree with this view of the matter. Prof. Horsford, as we shall see hereafter, holds to this opinion. Yet if any confidence is to be placed in the experiments* of Dr. Beaumont on St. Martin, all these respectable men

* Raw pork took 3 hours; Fried pork, 4 h. 15 min.; Boiled pork, 4 h. 30 min.

are mistaken—raw pork being in reality more speedily digested than fried or boiled.

If we refer to Beaumont's experiments, we find that wherever he gives the results—viz., in pork, eggs and oysters—the cooked article took half an hour, and generally an hour, longer for digestion than the raw article.

I presume, from what I have given above, we may, in concluding this part of our subject, state, as a probable fact, that raw pork and raw meat are easier of digestion than cooked meats. Civilization, however, pampers the appetites of its votaries, and for the sake of gratifying the sense of taste we put into the stomach less digestible articles. Man, nevertheless, when reduced to extremities, as our party was, or when placed in circumstances, as the Arctic traveller frequently is, where a fire is impossible, then falls back to first principles, and finds his advantage in an increase of heat and of nourishment.

I pass now to the second division of our subject, by propounding the question—If the preceding statements be true, what explanation can be given?

Doubtless, the answer would trench upon the confines of medical chemistry, and also those of merely mechanical subdividing forces. Upon the former, I hoped to hear from Professor H. I appealed to him as the personal friend and pupil of Liebig, who has done so much of late years in illustrating medical chemistry. His answer is as follows:

"The fibrous portion of the pork only is nutritious. This, in the raw state, is enveloped in fat or oil. Now, oily matters resist the action of the gastric juice, one of the prominent characteristics of which is its acidity. In its condition of raw pork the oil is contained in cells. When the pork is fried, these cells are ruptured, and the fat is either discharged, or in a condition to be discharged when introduced into the stomach and subjected to pressure. The oil once removed, the gastric juice readily acts on the fibre of the meat. When, however, the pork is eaten in its raw state, the cells encasing the fat must first be destroyed before the fat can be removed and the digestion of the fibre commenced. This delays the action of the gastric juice, prolongs the feeling of fulness consequent on the presence of the undigested food, and makes assimilation slower. In other words, the raw pork, as the hunters said, goes further than fried or boiled pork."

It is disagreeable to puncture a well-blown-up theory, but fate compels me to quote Beaumont's experiments again. Raw pork does not remain longer in the stomach, is not harder of digestion than cooked. In Professor Horsford's opinion there are, however, certain suggestions which are true, and which I have been able to confirm microscopically.

It is true that the oil cells in boiled pork are nearly all destroyed, and the fat floats free, *en masse*. In fried pork, a similar state, though less marked, exists. A few cells remain, but they are con-

tracted, and their walls seem irregular and denser than usual. In the raw, alone, can be found the pure congeries of fat cells.

But the effect upon the microscopic appearances of the fibres is equally marked. In the raw state, they are flexible, their transverse striæ are well marked. In the boiled, they are less distinct; and in the fried, I am not sure that I can discover any. The fibres, also, are more friable, much more easily broken, and *seem* as if better prepared for the action of the gastric juices. I say *seem*, inasmuch as our previous researches prevent us from believing that such a state really does assist digestion.

May not I suggest that the very reverse of Prof. Horsford's opinion may be the true explanation? A piece of raw pork, surrounded by its oil cells, and with fibres all perfect, regular and flexible, may allow the process of endosmosis and capillary motion to go on more rapidly than the amorphous mass produced by boiling or frying. Hence the gastric juice may permeate the former much more readily than the latter. This might possibly be tested by means of a carefully-conducted experiment with an acid analogous to the gastric juice. My engagements have prevented me from making one.

THE TWO CLASSES OF LESIONS OF THE KIDNEYS CONNECTED WITH ALBUMINURIA.

[Abstract of a paper read before the French Acad. of Medicine by MM. Max. Vernois and A. Becquerel. Translated from the *Gazette des Hopitaux* for the Boston Medical and Surgical Journal.]

I.—*Accidental and Transient Lesions of the Kidneys coincident with Transient Albuminuria.*

These lesions may be embraced under the characteristic definition of epithelial desquamation of the tubuli of the kidney. This epithelial desquamation, resulting from the granular infiltration of the epithelial cells lining the tubuli, may take place in two different ways. In the first, the cells are gradually infiltrated with saline and oily, albuminoid granulations. These granulations compress and destroy the nuclei, distend and rupture the cellular membrane, and finally, the granulations, with the remains of the cellular membrane, leave the tubuli and pass into the urine. In the second mode, the cells, infiltrated and distended by the granulations, are not ruptured, but, inseparably compressed together, are detached in a mass, carrying along with them the epithelial lining of the tube, to the internal face of which they adhere. Hence results a kind of cylinders, called granular cylinders, which may be found in the urine, and which are nothing more than the epithelial linings of the tubuli, filled with cells infiltrated with granules or albuminoid granulations.

Whatever the method by which the desquamation has taken place, the anatomical and physiological result is the same. The tubuli, deprived of their cells, which are the true secreting organs of the kidney, allow the serum of the blood to filter through unaltered, in

place of permitting only the passage of elaborated urine. The albumen which we find in the urine comes from the serum of the blood, which is mingled with the normal urine secreted by those tubuli which remain in a healthy state. Albuminous urine is not, therefore, normal urine *plus* albumen, but normal urine *plus* serum.

In some cases, along with the phenomena detailed above, rupture of some of the inter- or supra-canalicular capillary vessels takes place, and a certain quantity of pure blood passes into the urine.

Epithelial desquamation of the tubuli is always the consequence of hyperæmia of the inter-canalicular tissue, and of the Malpighian bodies. Hence, in the great majority of subjects who die with such desquamation, and with albuminous urine, the kidneys are found swollen, congested and gorged with blood. Sometimes this congestion has disappeared, and the epithelial desquamation continuing to exist, the kidneys are found pale, anæmic, and of a buff color, like wash-leather. Thus it follows, that whenever an individual dies whose urine contains a certain quantity of albumen, but without Bright's disease, the kidneys are either red, congested or swollen, or else pale, anæmic, and of the color of wash-leather. Hitherto we have found no exception to this rule.

Epithelial desquamation of the kidneys is, in the great majority of cases, a wholly accidental lesion, and is quite susceptible of cure. But in certain cases it is the first stage of permanent and lasting lesions, which we shall examine presently. The gradation from the one to the other is insensible.

Epithelial desquamation of the tubuli being always caused by a hyperæmic state of the kidney, it follows that every cause of such congestion may be considered as a cause of transient or accidental albuminuria. They may be reduced to three distinct categories. 1. Renal hyperæmia is the result of external influences, as neglect of hygienic means, exposure to cold and dampness. This form constitutes what is commonly called acute Bright's disease. It is often a grave affection, and leads to serious disorder. 2. Renal hyperæmia is an active sanguine congestion, which may be the result of febrile diseases, causing secondarily renal congestion, in a way which is unknown to us. This often happens during or after typhoid fever, eruptive fevers, intermittent fevers, cholera, tuberculosis and most inflammations. 3. Renal hyperæmia may be owing to a mechanical sanguineous congestion, connected with some obstruction in the circulation. In this class are included cases of hyperæmia of the kidney accompanying disease of the heart, pulmonary emphysema, cirrhosis of the liver, pregnancy, &c. &c.

The symptomatology of hyperæmia of the kidneys depends upon the effect which the albuminuria exercises on the composition of the blood. In this respect, three different conditions may be noticed.

1. The albuminuria is inconsiderable as to quantity, and of transient duration, and consequently the hyperæmia of which it is the

sign is in the same conditions. This occurs in many acute febrile diseases, and in a certain number of affections which produce mechanical congestion of the kidneys. In this case, there is no symptom of functional disturbance, and the presence of albumen in the urine is the only sign of renal congestion.

2. The albuminuria may be more abundant and more lasting, and consequently corresponds to a hyperæmia which partakes of the same conditions; the quantity, however, is not sufficient to alter the composition of the blood and to diminish its proportion of albumen. This is the case in that form of acute Bright's disease called latent, and which is without dropsy. Under such circumstances we may for a long time notice no symptoms of functional trouble; in other cases, symptoms supervene, exhibiting various degrees of intensity and gravity, and forming by their union the different latent forms of acute Bright's disease. They comprise especially pain in the loins, fever, vomiting, and the phenomena of nervous excitation; that is to say, convulsions, eclampsia, somnolence and sometimes coma.

3. Lastly, the albuminuria may be in sufficient quantity to diminish the amount of albumen in the blood. We shall now examine the conditions of this phenomenon.

Permanent Lesions of the Kidneys (Chronic Bright's Disease.)—The facts existing in the science of medicine, and especially the results derived from the labors of German, English and French physicians, and of ourselves, demonstrate that whenever albuminuria is persistent, it is the sign of a more or less profound organic lesion of the tissue of the kidney. This organic lesion is characteristic of Bright's disease, properly so called. It is now well known; its peculiarities, its nature, its evolution are well determined. The first, and perhaps the most important alteration, is a fatty infiltration of the kidneys, which enlarges the capacity of the cells, atrophies their nuclei, distends the membrane peculiar to them, and speedily ruptures and destroys it.

The next alteration consists in an albuminoid infiltration, occurring simultaneously in several points of the different elements of the cortical substance of the kidney. The deposit of albuminoid matter first takes place in the inter-canalicular tissue, then in the Malpighian bodies, and finally in the tubuli themselves, deprived of their cells, which have been destroyed by the fatty infiltration of which they were originally the seat.

The third alteration is characterized by the infiltration, or rather deposit, in the midst of this albuminous matter, of granulations of protein and of salts, and especially of numerous fat globules.

The fourth modification is determined by the transformation of the abuminoid substance into fibro-cellular tissue. The protein, saline and fatty elements with which it was infiltrated gradually disappear, and the amorphous appearance of the tissue is insensibly replaced by nucleated fibres, simple fibres, and finally by all the elements of combining tissue.

All these alterations correspond to anatomical changes appreciable to the naked eye, and which comprehend the fourth, fifth and sixth forms of M. Rayer. To give their description would be to give that of Bright's disease, properly so called, which it is not our intention to do here. We will only say, that if in some rare cases the loss of albumen by the urine, caused by these lesions, is not sufficiently great to impoverish the blood, and produce dropsies, the contrary takes place in the great majority of cases. That is to say, the albuminuria determined by permanent lesions gradually deprives the blood of that element, and causes general infiltration of tissue, and effusion of serum.

EFFECT OF TARTRATE OF ANTIMONY IN FACILITATING LABOR.

BY WILLIAM READ, M.D., FORMERLY ATTENDING PHYSICIAN AT THE BOSTON LYING-IN HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

On the evening of the 10th of September, 1856, I was called to Mrs. C., who had previously engaged my services. She was in labor with her second child. Her former confinement occurred about 9 years since, under the care of the late Dr. Hawes, of this city, and was very tedious and severe. She was sick two days, during which time she suffered from constant but inefficient pains, took ergot freely, and at the birth was extensively lacerated in the perinæum. From such an experience she very naturally dreaded the issue of the present labor, and the more so as it had begun in a very similar way with the first. The first commencement of pains was noticed at 7, P. M., the day before, Sept. 9th; in an hour and a half—at 8½—the membranes ruptured spontaneously, and the waters were discharged. From this time till I saw her, her progress had been almost nothing. The os was dilated to a degree just sufficient for it to be ascertained that the head presented naturally, but was firm, and showed no disposition to dilate any farther. The temperature of the vagina was natural, and the mucous membrane well lubricated. Her pains were good, but of little or no expulsive power. At forty minutes past 12, finding no change of any amount had taken place, a quantity of tartrate of antimony, estimated to be about two grains, was dissolved in six ounces of luke-warm water, and administered as an enema. The pains in a few minutes entirely changed, becoming expulsive and more frequent; the os dilated fully, a profuse secretion of mucus took place, and the child was born at thirty-five minutes past 1, A. M., with the greatest ease in the delivery.

How far this favorable result, in such marked contrast to the first delivery, is to be attributed to the administration of the enema, it is of course impossible, upon a single case, to determine with certainty; but taken in connection with those already reported, the facts seem to point to it as the probable cause. Other things being equal,

the rate of progress in the different labors of the same patient is usually about the same. There are some who are always slow, and others who are quick, and this peculiarity they preserve through all their confinements; so much so, that the accoucheur who has been accustomed to attend them, can calculate with a great degree of certainty upon the issue. The case under consideration falls apparently under this rule. It began like a former one, and was progressing in the same slow and tedious way, until means which had not been resorted to before were made use of, and, following immediately upon this, and, so far as could be inferred, in consequence of it, a change took place which speedily, and with the greatest ease, finished the delivery. Taking everything into consideration, it is difficult to resist the conclusion that it was the effect of the antimonial injection.

CASE OF INTESTINAL FISTULA OPENING INTO THE GROIN.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—If you consider the following communication adapted to a place in your valuable Journal, it is at your service. Although not accustomed to writing for the public, the seeming importance of the case is my apology for the desire to make it known to your readers. Respectfully,

Coleraine, Ms., Jan. 8th, 1857. Oliver D. Root, M.D.

The patient, at the age of 15, being then robust, and, like the rest of the family to which he belonged, of a strong constitution, acquired the habit of bathing during the summer months while in a profuse perspiration. His companions escaped uninjured, but after continuing this practice for some time, he was prostrated with a severe and protracted fever. Recovering in a measure from this affection, it was followed by abscesses upon both shoulders, and about the left hip, communicating with diseased bone, and discharging, from time to time, pieces varying from one half inch to one and one half inches in length. These discharges were attended with great pain, which was relieved only by large quantities of opium. During his first illness he is supposed to have taken considerable mercury, but perhaps not more than usual at that time. The after treatment, except the opening of the abscesses, the administration of opium, &c., is not known. He was attended by Dr. George Winslow, then of this town.

After some time, being desirous of doing something more to relieve his troubles, and hearing of an advertising, travelling "bone setter," then in Pittsfield, Mass., he was anxious to consult him, and did so, although against the advice of friends. Dr. Sweet (so called) having returned the apparently dislocated femur to its place, causing considerable suffering to Mr. L., he returned to his home. The journey to Pittsfield, with the pain caused by *setting the bone*,

was followed by great exhaustion to the patient, and increased activity of his disease.

Near the year 1845, he then being about 40 years of age, a communication was formed between his intestines and the opening of an abscess about three inches below the hip-joint, and on the internal aspect of the thigh. The discharge from this opening was extremely fœtid, so much so that those in his room found it difficult to remain there. Another place of exit soon formed above, and a little posterior, to the joint, and from these openings, as well as others formed subsequently, there were discharged, from time to time, seeds of berries, the skin of fruit, and other indigestible substances which he had eaten, proving conclusively the internal connections of the sinus. He frequently suffered from the formation of abscesses about the hip, and at the time of his death there were no less than seven openings communicating with the two internal ones found at the *post-mortem* examination.

He passed a very unhappy life, being obliged to exclude himself from society, remaining most of the time, during the last year of his life, in his own room. Dropsical effusion, which showed itself in his legs, was reduced by tight bandages, poultices, and the free use of Congress water, this last being continued by the advice of Dr. A. C. Deane, of this place, until near the time of his death. Relief was obtained through the copious discharge of urine, nearly two quarts being evacuated in a single night. For several years he was able to walk some distance with crutches, and at times with the help of canes.

The *post-mortem* examination, made in the presence of Drs. A. C. Deane, C. T. Lyon and myself, though not conducted so carefully as I have since desired, revealed the following appearances. The whole internal surface of the small intestine was found injected, red, and bearing evidence of recent inflammation, convincing us all that this was the immediate cause of death. Following the course of the small intestines, the descending colon was found perforated, and the rectum also, showing the only two internal openings communicating with the external ones found to exist at death. The intestines were found everywhere adherent, glued together by effused lymph. Stomach covered by a tough mucus. Liver nearly natural. Lungs found studded with tubercles, and the inferior lobe of the right one rather smaller than usual, and otherwise altered. Brain not examined.

It has been wondered at by many, that Mr. L. should have lived so long with such a complication of diseases. He was, however, blessed with a large appetite, to which his prolonged life seems principally due. He was told by a former medical adviser, Dr. Christopher Deane, that so long as this continued, he might, unless attacked by severe acute disease, continue to live. His pain was so severe at times, as to lead him to desire his friends to put an end to his life, saying that if he knew the exact quantity of opium that would accomplish his object, he would quickly use it. He took

very much during life, often expressing a desire to die, and finally giving a voluntary consent to Dr. Deane for a *post-mortem* examination after his death.

Connected with the last sickness of Mr. L., are some facts of interest with regard to the origin of typhoid fever. A young person residing near me, with comparatively feeble health, was suddenly taken, after being nearly an hour with him, with faintness and severe distress at the stomach, and for about two weeks remained in a state feebler than usual, when she was attacked with typhoid fever and was quite sick for three weeks. An abscess in the throat, discharging several ounces, followed, and she gradually sank, and died with signs of tubercles in the lungs, having had several sisters who had died with phthisis. Another young person, for a time with Mr. L., was attacked soon after, with severe typhoid fever, attended with a large number of boils upon the surface of the body, and barely escaping with life. Did the oppressive effluvia coming from the diseased patient originate the fever in others? I leave the question open for wiser heads than mine to answer.

MEDICAL CASES.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I forward the following cases, which are so rare in my country practice, that I have never met with them before. If they are so common in large places as to be unworthy of notice, of course you will treat them so.

Case I.—*Imperforate Urethra.* Dr. Alonzo Garcelon, of Lewiston, was called in consultation, twelve hours after the child was born. Penis adherent to scrotum throughout its whole length, and deeply imbedded in it. Dr. G. carefully dissected the penis from the scrotum, then, not finding anything like the urethra, he cut into the penis as far back as possible, and with a probe found a passage to the bladder. The penis was then drawn up on the abdomen, and a small curved, pointed bistoury introduced at the incision, and the penis laid open in the course of the urethra (or where it should be) to the meatus. The wound was dressed with lint and tepid water, and a bougie passed every day for ten days, at which time the wound had healed, and the urine now passed freely through the meatus.

Case II.—*Fatty Tumor of the Scrotum of four years' growth.* The tumor was of the size of an ounce bullet. Patient would not submit to the knife, but allowed it to be pinched very hard, which produced inflammation and softening, so that by making a small puncture on the third day, the whole of the substance was pressed out. No dressing applied. Five days afterwards, there was hardly a mark left to denote the spot.

Case III.—*Catamenia and Mammary Secretion during Pregnancy.* Woman 23 years old, stout and hearty; eight months preg-

nant with her first child. Catamenia have continued, and for two months she has had full breasts of milk, which has run out so fast that she has been obliged to wear nipple-shells.

Case IV.—*Prolapse of the Bladder.* Patient seven months pregnant. Examined on account of complaints. Found head of child within the pelvis, not more than an inch from os externum, and a soft tumor the size of a hen's egg below it and partly out of the vagina, which I took to be the bladder pressing down the anterior portion of the vagina. Micturition frequent, "never more than half a teacupful." Fundus below umbilicus. Could not raise the head out of the pelvis. Patient went her full time, and when labor commenced, it was completed in forty-five minutes, with slight laceration of the perinæum. Tumor disappeared after labor, and the woman and child are doing well. J. H. Blake.

North Auburn, Me., Jan. 5th, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Dec. 8th.—*Unusual Case of Fever.* Reported by Dr. Jackson.

A healthy girl, aged 20 years, entered the Massachusetts General Hospital Nov. 23d, under the care of Dr. J., with the general appearances, and well marked, of typhoid fever. The only local affection was cerebral; the patient was unable to give an account of herself, but was said to have been sick for ten days. The catamenia were present, and continued so long as she lived. The peculiarity of her case, in regard to the symptoms, was that there was no indication of any other disease than typhoid fever; and yet there never were seen any rose spots, there never was epistaxis, not even before her admission into the Hospital; the abdomen was perfectly natural, and there never was any diarrhœa. After her admission the cerebral symptoms became more developed; the delirium, though generally low and muttering, was sometimes quite active; the urine, which was quite abundant, was discharged involuntarily; so imperfectly that the catheter was several times used. Half an ounce of castor oil having been given on the 26th, she had one dejection, and that was involuntary. On the morning of the 27th, there was some subsultus, but her symptoms generally were not decidedly worse; at 2 P. M., however, she rather suddenly fell off, and died at 6 o'clock.

On dissection, one ulcer only was found in the small intestine; that was 7½ inches from the cœcal valve, a line and a half or more in diameter, and situated apparently in one of the small, irregular Peyer's patches, of which there were certainly some in the neighborhood; but in regard to the very important pathological point of the situation of this ulcer, there was a question. Peyer's patches were certainly not otherwise remarkable. The solitary glands were considerably developed throughout the small intestine, and particularly at the lower part. Brunner's glands were also developed, and the mucous membrane of the duodenum was reddened. The spleen was rather soft, but not remarkable as to size. There was also cadaveric softening of the stomach, softening of the septum lucidum of the brain, and

traces of tubercular disease of the lungs; no other disease being found in any part of the body; meningitis not being overlooked. In connection with the catamenia, the uterus was found congested, and its inner surface smeared with a bloody secretion.

Dr. J. remarked that this case seemed to be one of typhoid fever; although it wanted what were considered as almost diagnostic marks of this disease, in regard both to symptoms and to the anatomical appearances. He had never before seen such a case; and if it was not typhoid fever, he should not know what to call it.

Dec. 22d.—*Etherization in Puerperal Convulsions.* Case reported by Dr. Ellis.

At noon, on Oct. 31st, an Irish woman, 35 years of age, when eight months pregnant, was attacked with convulsions, which continued so severe and frequent, that, towards midnight, the case was abandoned as hopeless.

At this juncture, Dr. D. H. Storer was requested to see her, and did so; but, being unable to remain, advised etherization, and committed the case to the care of Dr. Ellis. When first seen by him, a few moments before twelve, the patient was lying perfectly unconscious, with stertorous respiration, and a pulse of 120 or more, very feeble, and difficult to count. The hands and arms were cold. On making a vaginal examination the head of the child was found presenting, and the *os uteri* nearly dilated. She very soon had a short, but severe convulsion, the limbs and lower jaw being much agitated and the face of a purplish hue. Not long after, ether was obtained and at once administered, and for about two hours she was kept under its influence, but not sufficiently so to prevent some groaning, which marked the recurrence of the uterine pains. The latter were short, but frequent and effectual, the child slowly and constantly advancing, until it was expelled, dead, at 7 A. M. It was small, as was to be expected at that period of pregnancy.

Since the suspension of the ether, the convulsions had shown no tendency to return; but, with the exception of some improvement in the strength of the pulse, the condition of the patient remained about the same until 2 P. M. At this time a blister was applied to the back of the neck, and an active cathartic administered. Both had the desired effect, and on the following morning she was reported to have had a quiet night. On waking, she recognized her husband, and exhibited other signs of returning consciousness. The pulse had fallen to 88, but in the afternoon rose to 120, the skin at the same time becoming hot. This marked the supervention of difficulty in the right lung, the rational and physical signs of pneumonia being manifest on the following day. Notwithstanding the persistence of the pulmonary disease, the mind improved, and on Nov. 9th she appeared quite rational. Three days after, however, the offensive character of the expectoration proved that the disease of the lung was more grave than had been anticipated, and she died of gangrene early in December, the mind remaining clear till the last.

On examination, no disease was found in the *brain*. Nearly the whole of the lower, and limited portions of the upper lobe of the *right lung* were in a gangrenous state. The *kidneys* were normal.

The disease of which the patient finally died has been but briefly alluded to, as the case is reported to show the marked effect of etherization upon the convulsions. Unfortunately the urine was not examined; but whatever the cause of the difficulty may have been, it yielded at once to the administration of ether, and never returned. Nor does the effect seem less re-

markable, when we consider that the ether was not used until the convulsions had continued twelve hours, and at a time when the life of the patient was in imminent danger. The surrounding circumstances were all unfavorable, and to these we may perhaps attribute the pulmonary trouble, to the supervention of which the fatal termination of the case was entirely owing.

Dr. ALLEY mentioned the case of a woman, 22 years of age, in whom convulsions during labor, after the unsuccessful employment of antimony, bleeding, &c., were effectually controlled by ether, and the patient did well.

Dr. STORER remarked that he had found this agent of the greatest benefit in several cases of convulsions in children which had recently come under his observation. In one, a girl 6 years old, in which the attack came on in consequence of a fall upon the sidewalk, causing a depression in the outer table of the parietal bone, the patient was at once relieved, the convulsions not returning.

Dr. CLARK had tried this remedy with complete success in the case of a boy, 6 years old, who had been long liable to convulsive attacks; these appearing at intervals of from three to eighteen months, and who finally recovered. The usual remedies were tried without avail.

JAN. 12th, 1857.—*Puerperal Fever followed by Phlegmasia Dolens.* Case reported by Dr. SALTER.

M. J. was delivered of a stillborn child Nov. 29th, 1856, at 10½ o'clock, P. M. It was her first child, and she appeared to possess a good constitution and vigorous health.

Dec. 1st.—Towards evening she experienced shivering and some headache.

2d.—Had a severe chill, followed by heat and sweating, lasting about four hours. She seemed to have a consciousness of severe ailment and great disturbance of mind. This was soon followed by intense abdominal pain; great tenderness of the abdomen to pressure; a general bloated appearance; pulse frequent (varying from 130 to 140 per minute), hard, irritable and rather small, but easily compressed; respiration thoracic, restrained; and the patient lying upon her back. Tongue moist and covered with a light fur.

4th.—Surface cool and moist; pulse still frequent; abdomen very much swollen and tender to pressure, with considerable gastric disturbance; vomiting frequently.

8th.—A favorable semi-critical change.

15th.—Convalescence fully established.

18th.—Great pain and stiffness in left hip and upper part of thigh, with swelling gradually extending to the whole limb, which became enormously distended, fully double its natural size, and was exquisitely painful to the touch. There was also considerable fever. The skin of the affected limb was white, even whiter than is natural, and smooth. On passing the hand lightly over the limb, there was a sense of hard and sharp ridges and points immediately under the skin, whereas, to the eye, the surface was uniform and even. There was great pain as well as soreness to the touch, during the course of the affection.

Dec. 25th.—The pain, soreness and swelling began to subside at the upper part of the limb; the order of subsidence being the order of seizure.

Dec. 29th.—Every part of the limb pits under pressure of the fingers.

Jan. 7th.—Size of the limb natural, but lacks firmness and tension. At this date the patient, excepting some general debility, walked with her

natural ease, the limb being well supported by a bandage. About two days previous to this woman's confinement, a man was brought into the house, affected with a severe form of erysipelas of the head and face, of several day's standing. He died within thirty hours after his entrance. The suddenness of the death, and other circumstances attending it, produced upon her a terrible shock. She had felt the motions of her child up to that time, but none afterwards. After the cessation of motion she experienced a constant sense of coldness and heaviness in the abdomen until her confinement.

JAN. 12th.—*Cancer of the Bladder and surrounding Tissues; of the Lumbar Glands and one of the Ribs.* The case was reported by Dr. ELLIS.

The patient was an unmarried man, 66 years of age, who had led a literary life. In the month of May, 1856, a difficulty in expelling the contents of the rectum called for an examination of the part. A tumor in the region of the prostate gland was then found projecting into the intestine, which would allow scarcely any thing to pass. By the use of bougies dilatation was effected, so that the discharges became of the natural size. At the same time, there was felt a tumor, extending perhaps two inches above the pubis. During the first two months after the discovery of these enlargements, there was great pain, accompanied by œdema of the right thigh. But since about the first of August until his death, pain was entirely absent. Though obliged to pass his water as often as once an hour until nearly the close of the disease, this symptom was by no means so troublesome during the latter part of the time, as before the subsidence of the pain. It was not found necessary to pass the catheter, though it had been used two or three times during the last three years of his life. Vomiting had occurred several times, but had always been considered as sympathetic. Finally, he took no food, became extremely emaciated, and died on Dec. 29th. For a fortnight previous he had had no dejection, and for three days had passed no water.

At the *autopsy*, a smooth, rounded tumor, about two inches in length and one in breadth, was found upon the anterior extremity of one of the lower ribs, which was also involved in the disease.

The *pelvis* was mostly filled by a morbid growth, which surrounded all but the anterior wall of the bladder, and was continuous with the disease within. It projected from the peritoneal surface of the upper part of the same, in the form of low elevations. The *bladder* was empty; its cavity not more than three inches in diameter. Projecting from the lower half of the posterior wall was a fungous growth, rising half an inch above the surface, composed of lobules, some of which, apparently from pressure, had assumed a laminated form. Some of the same disease was also seen about the veru montanum.

The *prostate gland* was involved, together with all of the surrounding tissues. In the anterior wall of the rectum were a number of low elevations, sufficient to render the surface uneven. All of the coats were in certain points invaded, but, for the most part, the healthy muscular layer intervened between the external disease and that of the mucous membrane. No ulceration. Considerable firm fæcal matter had accumulated above the obstruction.

Smooth, rounded growths extended along the brim of the pelvis on the right side. The *lumbar glands* were most extensively diseased, forming by their aggregation a large irregular mass.

The character of the growths was every where the same. Their tissue was of considerable consistence; of a dull or yellowish-white color; here and there vascular or ecchymosed, and contained much milky fluid.

On microscopic examination, there were seen many granular nuclei of the size of or smaller than blood globules. Some contained large nucleoli, but most were without them. A few nuclei, with large well-marked nucleoli, were here and there seen, but with these exceptions there was nothing which could by any one be considered as characteristic of cancer.

The *right kidney* was very small. Nothing abnormal was noticed in the other abdominal organs, which were, however, not examined with as much care as usual. The chest was not opened, as circumstances rendered it desirable to conclude the autopsy as soon as possible.

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LEGALIZING THE STUDY OF ANATOMY IN MAINE.

It seems somewhat strange that the State of Maine should be so much befogged that the study of anatomy cannot be pursued in that Commonwealth without subjecting the aspirant in medicine to the penalty of the law. We believe there is no impediment to acquiring a knowledge of other branches of medical science: one may study botany, or mineralogy, or any other branch of natural science, with impunity; but, although medical schools are established by law, that branch of the study of medicine which lies at the foundation of all the others, is against the law. The profession is legalized, the practitioner is compelled to prove a certain amount of skill; if a surgeon, he must have a competent knowledge of anatomy, or subject himself to heavy damages if prosecuted for malpractice. Yet he can only obtain that knowledge by violating the law. It is time that this monstrous inconsistency should be done away with, and that the absurd prejudice existing in the minds of many people against the study of Anatomy should give place to more enlightened views.

It is not for want of effort that this state of things exists in Maine. At the annual meeting of the Maine Medical Association, a Committee was appointed, of which Dr. S. H. Tewksbury was Chairman, to present the subject to the Legislature. A bill was prepared, founded upon the law on the same subject in this State and in New York, and adapted to the wants and condition of the profession in Maine, and containing numerous restrictions and limitations. It proposes to take only the bodies of such emigrants, paupers, criminals, &c., as die at the alms-houses and jails, are not claimed by friends or relatives, and make no request even to be buried after their decease. The bill was introduced into the Legislature of 1855, but met with great opposition, and was amended so as to provide that towns whose population was under 5,000 should be exempt from the law. Notwithstanding the strenuous exertions of Dr. Tewksbury, it failed to pass, being defeated in the House by a vote of 45 yeas to 63 nays, though having passed the Senate by a vote of 13 to 12. The House would not recede from its former vote, and the subject was referred to the next Legislature.

Since that time no effort has been made to bring the subject before the Legislature, the Committee being discouraged by the fact that it was made use of chiefly for political capital. We understand, however, that another attempt will be made this winter to effect the passage of a bill legalizing

the study of anatomy. The success of this measure depends in no small degree upon the spirit and perseverance of the profession in Maine. If the physicians show themselves interested in the matter, if they take pains to place its importance before the public, and before the Legislature, the bill will easily pass. Every member of the Senate and of the House must have a physician who could enlighten him as to the necessity of a knowledge of anatomy to the medical practitioner, and who could urge upon him the propriety of voting for the bill. There is no reason why medical students should be compelled to seek instruction in other States. Maine ought to have her own schools, and she will have them if the representatives are properly instructed by the profession. We understand that among the present members of the Legislature there are six or eight physicians. Upon them rests, in a great measure, the responsibility of this important question. With the collateral aid they can bring to bear, they can carry the bill this session. Let the physicians of Maine bestir themselves, and redeem the profession from the charge of indifference to the progress of medical science which must fall upon them if this important measure should again fail.

TREATMENT OF REPORTED CASES.

We think the hint thrown out in the following communication worthy of attention. Certainly, every facility should be afforded for communicating the methods of treatment adopted in various cases; and especially any modification of such as have previously been found of service, and which promises even more aid towards recovery. We have ourselves remarked a deficiency in the details of treatment furnished with the reports of cases in our different journals. Whilst a tedious enumeration of unimportant minutiæ should be avoided, space should be allowed for recording valuable remedial measures. If, as an enthusiastic pathological anatomist once remarked, no observation of disease is complete without a *post-mortem* examination, surely we should have full accounts of any means tending to obviate the necessity of the latter.

Crescent, N. Y., Jan. 5th, 1857.

Messrs. Editors,—Allow me to say what thousands have long ago conceded, that I believe Boston is second to no American city for the intelligence and skill of its medical faculty. Evidence of this fact is abundant. They deserve commendation for their generosity in imparting a share of their experience and knowledge through the Journals for the benefit of others of the profession. Yet in one respect I could desire of them, what in my opinion is everywhere too much omitted, namely, a more detailed exposition of *treatment*. It is needless for me to say, in defence of this belief, that the great end of all medical research is the relief or cure of disease, and if we owe anything to each other, it is the *means* which have an agency in bringing about *ends*. Cases are frequently recorded in your valuable Journal, of the deepest interest, in which not one word of the treatment instituted is to be found, and in too many others the deficiency is but imperfectly supplied. I think I am not alone in these views.

With great deference, I am respectfully yours, Samuel Peters, M.D.

PURPURA HÆMORRHAGICA.

Messrs. Editors,—Will any of your numerous subscribers have the kindness to publish, through the Journal, their views of the pathology of purpura hæmorrhagica and the most successful method of treating an aggravated case of it, of fourteen months standing, attended with hæ-

morrhage from the nose, gums, and apparently from the mucous membrane of the bronchiæ and stomach, with total loss of appetite and great prostration of strength. A SUBSCRIBER.

We willingly insert the above inquiry, and hope it may elicit a reply. A case of so long standing is, we fear, an unpromising one. We would suggest (if these means have not already been tried), the free use of lemon juice (we have given it in the quantity of half a pint daily, in a similar case), oil of turpentine as a cathartic, opiates, if the pain be severe, and tonics, combined with a nutritious diet.

Trial for Malpractice.—We are gratified to be able to record the result in the trial of the case of Auguste Volmuth *versus* John Hathaway, M.D., of Worcester. The verdict so triumphantly rendered for the defendant was of course expected by those professional men who knew the facts in the case; yet that the ground should not be at all contested by the counsel for the plaintiff, shows the utter groundlessness of the charge brought, and the stupidity of those who brought or advised it to be brought. No sooner did the plaintiff's counsel understand the truth in reference to the accident and its results, than he very handsomely abandoned the prosecution and acknowledged the skill and care exercised by the prosecuted surgeon.

One of the counsel for the defence has kindly promised us an account of the proceedings in full, for our next number. In the mean time it is hardly necessary to say that there was an overwhelming array of evidence sustaining Dr. Hathaway, which was of course rendered unnecessary by the abandonment of the proceedings. It is almost enough to repay a surgeon for the annoyance and expense attendant on such a vexatious suit, to have so deserved a compliment as was paid to the defendant by Judge Merrick, who said that "any young man, of any profession, might feel proud and gratified at such a testimonial to his skill, care and judgment, as had been given by the distinguished elders of his profession who had pronounced their opinions upon the course of treatment pursued by Dr. Hathaway in this case."

Health of the City.—The deaths from scarlatina have again fallen to 21, in place of 27 of the previous week. Of these, 17 were in subjects under 5 years of age, and 4 in those between 5 and 10 years. Two deaths were caused by accident and homicide. The 3 cases of convulsions all occurred in females, of the ages of 20, 19, and 1; neither of the two first being puerperal. The total mortality of the corresponding week of 1856 was 72, being very nearly the same as that which has just passed. In that of 1856 there were 13 deaths from consumption, 7 from croup and 7 from "marasmus."

Communications.—Ligature of the Subclavian Artery.

MARRIED,—In Lyme, N. H., Dr Alonzo Smith, of Randolph, Vt., to Miss Emeline C. Turner, of Boston.

Deaths in Boston for the week ending Saturday noon, Jan. 17th, 71. Males, 38—females, 33. Congestion of the brain, 1—burns, 1—cancer of the bladder, 1—consumption, 9—convulsions, 3—croup, 3—dysentery, 1—diarrhœa, 1—dropsy, 1—dropsy in the head, 1—infantile diseases, 4—puerperal, 2—epilepsy, 1—erysipelas, 2—scarlet fever, 21—homicide, 1—disease of the heart, 3—intemperance, 1—inflammation of the lungs, 3—marasmus, 1—palsy, 1—pleurisy, 1—purpura, 1—scrofula, 1—disease of the stomach, 1—thrush, 1—unknown, 4.

Under 5 years, 34—between 5 and 20 years, 11—between 20 and 40 years, 10—between 40 and 60 years, 12—above 60 years, 4. Born in the United States, 56—Ireland, 13—other foreign places, 2.

Caustic in Nævus.—Dr. Macke recommends the following caustic as a highly useful application to *nævi materni*, especially in young children. Corrosive sublimate 4, collodion 30 parts. It is to be applied with a small brush, and desiccation takes place so rapidly that the action of the caustic does not extend beyond the spots it is applied to. A solid eschar, one or two lines in depth, falls off in from three to six days, and the pain induced is inconsiderable, and of short duration.—*Revue Med.*, 1856.

M. Trousseau states, that the diagnosis of doubtful cases is very often much assisted by ascertaining that there has been an increase of presbyopia, requiring a rapid increase in the power of the spectacles. Whenever we observe this, in a marked degree, we must always examine whether the patient is not suffering from Bright's disease or from diabetes mellitus. One of these affections will be found present in the great majority of cases, at least if no hæmorrhoidal flux or metrorrhagia be present to account for the change. Otherwise, we can almost always detect albumen or sugar in the urine.—*Gaz. des Hopitaux.*

Chloroform in Croup.—M. Passavant relates some trials that he had begun to make with chloroform in croup. He had observed that in pneumonia, under the influence of this agent when inhaled, the viscid expectoration was discharged, enveloped, as it were, in a liquid exudation, and from that fact he hoped, by the use of chloroform, to be enabled to facilitate the detachment of the false membrane, in croup. At intervals of greater or less length, chloroform was inspired for about ten minutes, but without producing sleep. The result was surprising. Strips of false membrane, many centimetres in length, were expectorated with violent efforts at coughing. These observations, however, are not sufficiently numerous to enable him to decide definitely on the value of this treatment. It cannot yet be determined whether it merely favors the expulsion of the exuded membrane, or exercises a favorable influence on the mass of the blood. It is probable that it has no action on the swelling of the larynx in which tracheotomy is indicated.—*Archiv. Physiol. Heilk.—N. O. Med. and Surg. Jour.*

Action of Sugar on the Teeth.—M. Larez, in a course of investigations, arrived at the following conclusions, relative to the action of sugar upon the teeth:—

1. Refined sugar, from either cane or beets, is injurious to healthy teeth, either by immediate contact with these organs, or by the gas developed, owing to its stoppage in the stomach.
2. If a tooth is macerated in a saturated solution of sugar, it is so much altered in its chemical composition that it becomes gelatinous, and its enamel opaque, spongy, and easily broken.
3. This modification is due, not to free acid, but to a tendency of sugar to combine with the calcareous basis of the tooth.

Dr. G. C. E. Weber.—We are pleased to learn that Gustav C. E. Weber, M.D., of this city, has been appointed Professor of Surgery in the Cleveland Medical College, Ohio, in place of Professor Ackley. Dr. Weber is son of the eminent German Anatomist of that name. The rare advantages which he has enjoyed for acquiring a knowledge of his profession were not allowed to pass unimproved, as his occasional contributions to this journal abundantly prove. He was in the enjoyment of a large practice in this city, and was justly esteemed one of our most promising surgeons. He will prove a valuable accession to the Cleveland school. —*New York Journal of Medicine.*

A New Work on Ethnology.—We have received the prospectus of a new work on Ethnology, by John McElheran, Member of the Royal College of Surgeons, Edinburgh. Mr. McElheran has been pursuing his researches in this country for several years, finding, in the mixture of races which our population presents, unusual facilities in the prosecution of his enterprise. From the exposition of his views, and the results of his investigations which we have learned from the author's lectures and papers, we believe that this volume will excite a general interest among scientific men.

The first edition will be published by subscription. Price $5, quarto form. Subscribers will remit to D. Appleton & Co., Broadway, New York.—*Ib.*